PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2001 50090 - 458										8		
		CLAIMS AS	FILED - PART I (Column 1) (Column 2)			SMAL TYPE	SMALL ENTITY TYPE O			OTHER THAN		
TOTAL CLAIMS			18				RAT	Ε	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/ 🖇 minus 20=		* Ø		X\$ 9)=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		* φ		X42	 !=		OR	X84=	
ML	ILTIPLE DEPEN	DENT CLAIM PI	RESENT			+14)		OR	+280=		
* If the difference in column 1 is less than zero, enter "0"					r "0" in c	olumn 2	TOT			OR	TOTAL	240
	c	LAIMS AS A	MENDED	- PAR	TII		101	\ <u>L</u>		On	OTHER	
		(Column 1)		(Colu	mn 2)	(Column 3)	SMA	LL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	* 14	Minus	₩ 2	0	=	X\$ 9)=		OR	X\$18=	1
AME	Independent	* 3	Minus	***	<u>3</u>	=	X42	=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140)=		OR	+280=	
f.								TAL		OR	TOTAL ADDIT, FEE	1
		(Column 1)		(Colu	mn 2)	(Column 3)	_			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9	9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	T CL AIM	<u> </u>	X42	!=		OR	X84=	
L_	ITHOTFILLOL	NIAHON OF MI	JETIFLE DEF	CINDEN	CLAIN		+140)≈		OR	+280=	
										OR	TOTAL ADDIT. FEE	,
	LOB STATE OF THE CONTRACTOR AND THE	(Column 1)			mn 2)	(Column 3)					,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	· · · · · · · · · · · · · · · · · · ·	<u> </u> =	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***		<u> </u>	X42	=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	'ENDEN	CLAIM		+140) <u> </u>		OR	+280=	†
		mn 1 is less than t					L	TAL			TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										<u> </u>		

Application	or	Docket	Num	hei
Application	vı	DUCKEL	NUIT	

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

			tiro darras	., .,								
		CLAIMS A	S FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS							Г	FEE	7	RATE	FEE	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		ASIC FEE	\$375	OR	BASIC FEE	\$750
T	OTAL CHARGE	ABLE CLAIMS	mi	minus 20= *				X\$ 9=		OR	X\$18=	
IN	DEPENDENT C	LAIMS	m	inus 3 =	*			X42=		1	X84=	
М	ULTIPLE DEPEI	NDENT CLAIM P	RESENT				-			OR		
*	f the difference	e in column 1 is	less than z	ero, enter	"0" in c	column 2	L	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in CLAIMS AS AMENDED - PART II							ļ	TOTAL		OR	TOTAL	T 1101
		(Column 1)		(Colum		(Column 3)		SMALL ENTITY		OR	OTHER SMALL I	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 18	Minus	** 2	0 >	*		X\$ 9=		OR	X\$18=	
AME	Independent	<u> 3 </u>	Miņus		}	-	1	X42=		OR	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		OR	+280=		
							L_	TOTAL			TOTAL ADDIT. FEE	
		(Column 1)	_	(Colum	ın 2)	(Column 3)	AUI	DIT. FEE		1 /	AUDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	,	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	;	X\$ 9=		OR	X\$18=	,
AME	Independent	*	Minus	***	OL AULA	=-		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JLJIPLE DEF	PENDENT	CLAIM		1	-140=		OR	+280=	
							Δ D.	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n 2)_	(Column 3)		J.1. 1 CL •		'		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON I	Total	*	Minus	**		=	\ \	(\$ 9=		OR	X\$18=	·
AMENDMENT	Independent	*	Minus .	***		=	 -	(42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			140=		ı	1380	
	• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR L	+280= TOTAL	
***	f the "Highest Nur	mber Previously Pa mber Previously Pa ber Previously Paid	id For" IN THI	S SPACE is	less thar	n 3, enter *3."	700	TOTAL DIT. FEE in the appr			DDIT. FEE	